

# MISSOURI BANDMASTERS ASSOCIATION, INC.

## ALL-STATE BAND AUDITION STATEMENT OF AUTHENTICITY

SCHOOL NAME	
CITY	

### Student Statement

"I \_\_\_\_\_ (PRINT student name) verify the enclosed Mo. All-State Band audition recording was performed by me in one through performance."

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Director Statement

"I \_\_\_\_\_ (PRINT Director name) verify the enclosed Mo. All-State Band audition recording was performed by the above named student in one through performance.

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Enclose this form for each student (CD) that is being submitted. Include one invoice for all recordings.

# MISSOURI BANDMASTERS ASSOCIATION, INC.

## RECORDED AUDITION INVOICE

SCHOOL NAME	
DIRECTOR NAME	
CITY	

Date	_____ Number of student auditions enclosed (no. of CD's)	X\$10 each	TOTAL ENCLOSED
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\*Purchase orders in lieu of payment are not accepted. Make checks payable to Missouri Bandmasters Association, Inc. and submit with this form.

MISSOURI BANDMASTERS ASSOCIATION, INC.  
Federal Tax ID #31-1789334